

SP-1294.1 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Mark A. Schubert et al.
Serial No. : 10/033,830
Filed : December 20, 2001
For : Seal for Electrochemical Cell

Art Unit: 1746
Examiner: Monique M. Wills

CERTIFICATE OF TRANSMISSION UNDER 37 CFR §1.8

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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SEP 28 2004

Dear Sir:

The following are being transmitted by facsimile to the United States Patent and Trademark Office (fax number 703-872-9306) in the above-identified application:

Reply to Office action mailed July 1, 2004 (13 pages).

Authorization to charge deposit account (in duplicate) (2 pages).

A total of 16 pages, including this transmittal letter, is being transmitted. If there is any problem with this transmission, please contact the undersigned.

Respectfully submitted,

Date: September 28, 2004

Shirley E. O'Donnell
Eveready Battery Company, Inc.
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(440) 835-4791

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REPLY UNDER 37 CFR §1.111

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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This submission is in response to the Office action, mailed July 1, 2004, in the above-identified application.

Please amend the claims in the above-identified application as shown below under Claim Amendments. This section includes the current status of all claims in the application and the text of all pending claims. The currently amended claims are marked up to show the changes made relative to the immediate prior version, using strikethrough for deleted matter and underlining for added matter.

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Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	Col. 1		Col. 2	Col. 3	Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee
Total Claims	* 48	Minus	** 38	10	x \$ 18	\$ 180
Independent Claims	* 4	Minus	*** 4	0	x \$	\$ 0
First Presentation of Multiple Dependent Claims \$						\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 180

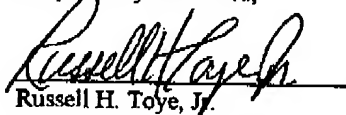
- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest No. Previously Paid For" (Total of Independent is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☒ Please charge the fee indicated above to Deposit Account No. 05-1325.
2. ☐ No additional fee is required.
3. ☐ A check in the amount of \$ _____ is attached.
4. ☒ Please charge any additional fee(s) and credit overpayment(s) during the pendency of this application to Deposit Account No. 05-1325.

A duplicate copy of this sheet is attached.

9/28/04
 Date

Respectfully submitted,


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